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Under the Paperwork Red	integ to te	espond to a cosection of information unless it displays a valid OMIS control number.						
Effective on 12/08/1004. Foes pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818). FEE TRANSMITTAL For FY 2006				Complete if Known Application Number 10/811,924-Conf. #903156				
				Application Number				
				Filing Date March 30, 2004		~~~~~~		
				First Named Inventor		Hiroki YOSHIKAWA		
				Examiner Name		S. D. Rosasco		
Applicant claims small entity status. See 37 CFR 1.27				Art Unii		1756		
TOTAL AMOUNT OF PAYMENT (S) 120.00				Attorney Docket No. 0171-1079		M71-1079PUS	······································	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Depost Account Number 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of X Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILIN	G FEES	SEA	RCH FEES	EXAMIN	ATION FEES		
Application Typs	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees !	aid (\$)
Unliny	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plani	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300	***************************************	, , , , , , , , , , , , , , , , , , ,
Provisional	200	100	0	8	.0	0		***************************************
2. EXCESS CLAIM FEES	AC.S	9.59	•					Small Entity
Fee Description Fee (S) 199 (S								
Each claim over 20 (including Reissnes)							50	25
Bach independent claim over 3 (including Reissues)							200	100
Multiple dependent claim				360	180			
Total Claims Extra Claims Fee (\$) Fee P				aid (\$)	Mu	ittiple Depende	•••••	
27 -27 -27 -2		35			Fee	<u>e (\$)</u>	ee Paid (ii
SIP = highest number of total o			C 0.	usas sé i				
indep Claims Extr	a Claims	fee (\$)	Fee Pa	310 (5)				
HP is highest number of independent claims paid for, if greater than 3								
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1 52(c)), the application size fee due is \$250 (\$125 for small emity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). 								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = (60 (mund up to a whole number) x								
4. OTHER FEE(S) Foes Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) Other (a.g., late filing envelopment), 1251 Extension for response within first month								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00								
SUBMITTED BY								
Signature (,) (487772	A		Registration No Altomoy/Agents	28,977	Telephone	(703) 20	
Name (Print/Type) Gerald	Murphy/J	r[]				Oate FEE	2	2007